



Pharmacy Policy and Authorization Process

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Pharmacy Policy
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Reject vs. Denial

- **Reject**
 - Rejections occur at the pharmacy.
 - Most rejections are a result of an authorization requirement.
 - These are not denials.
- **Denial**
 - In order to receive an actual denial the pharmacy **MUST** request authorization.
 - The client, care-giver, pharmacy, and prescriber will receive a denial letter.
- WAC 182-502-0160 **requires providers to request authorization** for covered services prior to accepting cash payment. Providers who do not request authorization **may not bill clients** for the services. If authorization is requested and denied the client may then complete an Agreement to Pay form 13-879 and self pay for services.

Generics First (GF) and Preferred Drug List (PDL) requirements

- Generics First (GF) requirements
 - Has the client been on a medication in this drug class before?
 - If yes, has the client tried and failed a preferred drug?
- Preferred Drug List (PDL) Requirements
 - Has the client tried and failed a preferred drug?
 - Please note some drug classes require the client to try & fail 2 preferred drugs.

Most GF or PDL rejections can be handled with one phone call by the pharmacy to the Pharmacy Authorization unit. If you know the answers to above questions provide the information to the pharmacy and ask them to call for authorization. The Pharmacy Authorization unit's toll free line is open M-F 8:30 am – 4:45 pm.

Prior Authorization Requirements

- Prior Authorization requirements
 - Restricted to FDA indications and/or must have supported use in Micromedex® or the American Hospital Formulary Service®.
 - Pharmacy MUST request authorization
 - Can be helpful to know the client's diagnosis and previously tried and failed medications. If you know this information please provide it to the pharmacy before they request authorization.
 - These requests usually require the Pharmacy Authorization unit to request additional information from the prescriber.

Mental Health Initiatives for Children

- **ADHD**
 - Use in clients under age 5
 - Dosing limits
 - Therapy duplication
- **Atypical Antipsychotics**
 - Age/Dose limits
 - Therapy duplication
- **Polypharmacy**
 - Combined use of 5 or more mental Health medications

Mental Health Initiatives for Children continued

- The following applies to all mental health initiatives for children:
 - Pharmacy must request authorization.
 - For requests within our age/dose limits, temporary authorizations will be allowed.
 - The Pharmacy Authorization unit will request additional information from the prescriber.
 - An Agency recognized and initiated second opinion review may be necessary.

For atypical antipsychotics that are rejecting at the pharmacy, the pharmacy must request authorization; however, while waiting for authorization if the **child is in crisis** the pharmacy can transmit the claim using an expedited authorization (EA) to receive a paid claim:

EA code 406 = Patient in Crisis

Emergency Fill Policy

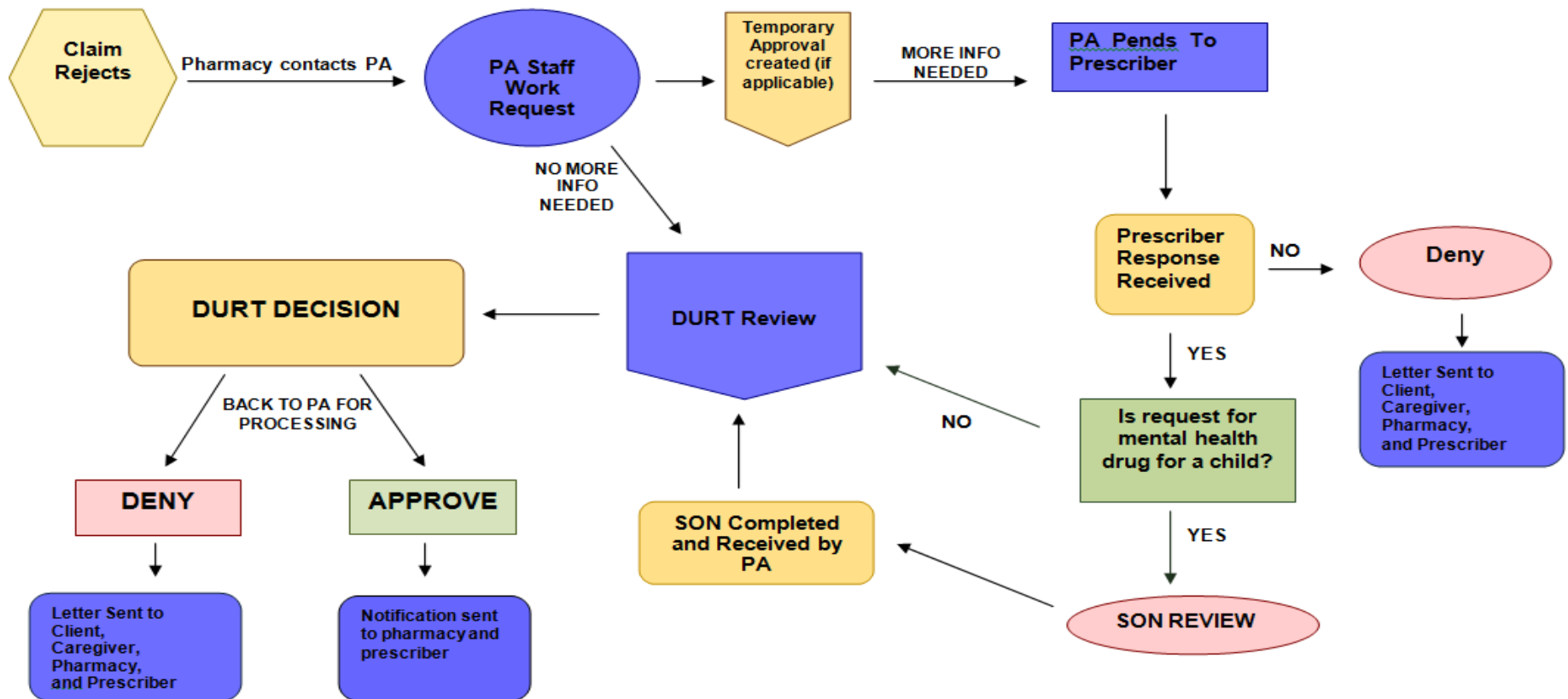
The Agency guarantees claim payment for emergency fills.

“Emergency Fill” means that the dispensing pharmacist used their professional judgment to meet a client’s urgent medical needs and dispensed the medication to the client prior to receiving reimbursement from the Agency.

The Emergency Fill Policy can be found at:

http://hrsa.dshs.wa.gov/pharmacy/documents/emergency_fill_policy.pdf

Pharmacy Authorization Process



PA = Pharmacy Authorization
DURT = Drug Utilization Review Team
SON= Second Opinion Network

Questions